APPLICATION AS FILED - PART I								ess II displays a valid OMB control number Application of Bocket Number			
FOR	(Column	1)	(Column 2)		SMALL ENTITY			OR	OTHER THAN SMALL ENTITY		
BASIC FEE (37 CFR 1.16(a), (b), or (c))		ILED	NUMBER EXTRA		RATE (\$)		EE (\$)	1			
SEARCH FEE (37 CFR 1.16(k), (i), or (m)									RATE (\$	FEE	(\$)
EXAMINATION FEE (37 CFR 1.16(0), (p), or (a))											
TOTAL CLAIMS (37 CFR 1.16(i))								- 1			
INDEPENDENT CLAIMS (37 CFR 1.16(h))	min	us 20 = '		_]	х	=		}			
	If the specific	us 3 = .		71	х			OR	х		
APPLICATION SIZE	If the specifical sheets of paper is \$250 (\$125)	lion and draw r. the applica	rings exceed 10	0		+-		-	x	=	
(37 CFR 1 16(s))	additional 50 ct	or arrian Bulli	y) for each	•			1	- 1			
			on thereof. Sec 7 CFR 1.16(s).	•				- 1		1	
MULTIPLE DEPENDENT	CLAIM PRESENT (3	7 CFR 1.16(j))		-1		+		 -			
* If the difference in colum	n 1 is less than zero	enter to in a		J L				L			
• If the difference in column 1 is less than zero, enter *0* in column 2. APPLICATION AS AMENDED - PART II		umn 2.		TOTAL	L		_	TOTAL	1		
	HON AS AMEN	DED - PAR	TII						TOTAL	L	_
	olumn 1)	(Column	2) (Column 3	1							
4 11-1-05 RE	CLAIMS MAINING	HIGHEST NUMBER		7 [ENTITY		OR	OTHER SMALL	R THAN ENTITY	- 1
· 1 / /	NTER NDMENT	PREVIOUS:	Y EXTRA		RATE (\$)	ADD			RATE (\$)	ADDI-	ヿ
(37 CFR 1 16(-))	// Minus	25	=			FEE (5)	- 1		TIONAL	- 1
Independent (37 CFR 1 16(h))	Minus	3	+	X	25:			= X	50	FEE (\$)	\dashv
			1	×I	(X) =		OF	,	300 =		4
FIRST PRESENTATION O	F MULTIPLE DEPENDE	NI CLAUL 133	000] "	` ^-	<u> 200 = </u>		4
			CFR 1 16(J)				OR				\dashv
<i>(</i> C)				TOT ADD	AL L FEE		OR	TOT			4
(Colum	IMS I	(Column 2)	(Column 3)		L.			ADD	L FEE		1
REMA AFT	FR .	HIGHEST NUMBER	PRESENT				7				1
Total	MENT	PREVIOUSLY PAID FOR	EXTRA	RA	TE (\$)	ADDI- TIONAL	1	RA	TE (\$)	ADDI-	1
(37 CFR 1 16(1)) Independent	Minus		=	-		FEE (\$)	4			TIONAL FEE (\$)	
G7 CFR 1 16(h))	Minus		-	×	=		OR	х	=		1
Application Size Fee (37 CFR 1.16(s))			L	×	=		OR	x			
FIRST PRESENTATION OF I	ULTIPLE DEPENDENT	CLAIM (37 CF)	R + 16(ii)	-							
			.00//	L			OR				
If the entry in column 1 is is	es than th			TOTAL ADD'L	FEF		OR	TOTAL			
If the entry in column 1 is le If the "Highest Number Pre If the "Highest Number Re-	viously Paid For IN T	olumn 2, write	"0" in column 3) Vn	ADD'L	FEE	- 1	

If the entry in column 1 is less than the entry in column 2, write "0" in column 3

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the unit of the unit of time you require to complete dapplication form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

**DOTE TO THIS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2